SERIAL NUMBER		FILING DATE	CLASS	GRO	OUP ART UNIT	ATTORNEY DOC	CKET NO.
09/297,98	1	05/10/99	435	·	1643	INNS011/i	KAM
•	EKE, BEL	EKE, BELGIUM; GIUM; REINHARI		•		JOSEPH	
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	G DOMESTI	C DATA*****	******	****			
VERIFIED LŁ			, .				
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371 (NAT') VERIFIED		DATA******* PPLN IS A 371			18 08/31/98	3	
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FOREIGN AND VERIFIED	PPLICATIO EPO	NS********	9787012	7.4	08/29/97		
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IF REQUIRED	, FOREIGÑ	FILING LICENS	SE GRANTE	D 10/29/9	9		
Foreign Priority claime 85 USC 119 (a-d) con Verified and Acknowle	ditions met edged	Myes □no Myes □no □Met afte /X 's Initials Ini	er Allowance	STATE OR COUNTRY BEX	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
PATRICIA A ARNOLD WHIT PO BOX 4433 HOUSTON TX	KAMMERER FE & DURK 3	EE		HONE: (71	3)787-1400		
		OLOGOUS PÉPTII BEINGS AFFECT					
FILING FEE RECEIVED	No	hority has been gi to charge/cred for th	it DEPOSIT	ACCOUNT	1.17 Fe	s ees (Filing) ees (Processing ees (Issue)	Ext. of time)

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 2	297981	RECEIPT DATE:	05 /	10 /	99
IA NUMBER: PCT/ EP98 /	05518	IA FILING DATE:	08 /	31 /	98
FAMILY NAME: MEHEUS		DELAY WAIVED (Y/N) :		N
GIVEN NAME: LYDIE		DEMAND RECEIVED (Y/N):	, a - C	N
PRIORITY CLAIMED (Y/N):	Υ	PRIORITY DATE:	08 /	29 /	97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONL	Y (Y/	N):	N
ATTORNEY DOCKET NUMBER:	INNS011/KAM	COUNTRY:	EPX		
CORRESPONDENCE NAME/ADDRES	SS: CUSTOMER NUMB	ER: TELEPH	ONE	713787	(400
		FAX			

NAME::

PARICIA A KAMMERER

ARNOLD WHITE & DURKEE

STREET: PO BOX 4433

CITY:

HOUSTON

STATE/COUNTRY: TX

ZIP: 770572198

EMAIL:

APPLICATION TITLES:

METHYLATED, SMD HOMOLOGOUS PEPTIDES, REACTIVE WITH THE ANTIBODIES FROM SERA OF LIVING BEINGS AFFECTED WITH SYSTMIC LUPUS ERYTHEMATOSUS

TAB TO LAST POSITION, PUSH SEND